

CAMP HOPE AMERICA 2020 NATIONAL RESULTS

A Program Evaluation of Hope and Positive Youth Development
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a program of
ALLIANCE for
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INTERNATIONAL



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CAMP HOPE AMERICA 2020 NATIONAL DATA EXECUTIVE SUMMARY

This report provides the evaluation results for the 2020 Camp HOPE America impact on children's Hope, Resilience, and Character Development. Data for this evaluation is based upon Camp HOPE America programs from Arkansas, California, Connecticut, Florida, Idaho, Louisiana, New Jersey, North Carolina, Ohio, Oklahoma, Oregon, Tennessee, Texas, Washington, and Wisconsin.

- In order to assess changes in hope and resilience, a matched pre-camp, post-camp, and follow-up assessment design was used.
- A total of 339 campers provided responses to the self-report survey. Of these 339 campers, 330 provided complete data at the pre-camp assessment, 240 provided complete data on the final day of camp assessment, and 160 provided complete data at the 30-day follow-up assessment.
- Six camps were held in person and nine camps were held virtually due to the COVID-19 pandemic.
- Matched comparisons were available for 103 campers across all three-assessment periods. Comparisons were made on child self-report of Hope and Resilience.
- The average age of campers was 12.07 years (SD = 3.06) with ages ranging from 7 to 18 years. Of the participating campers 51.1% identified as female.
- Sample size was much smaller than past years due to the COVID-19 pandemic. For example, last year there was a total of 1,127 campers compared to 339 this year. A small sample size impacts study findings by reducing the power of the study and making it more difficult to find statistical significance.

Camper Self-Assessment Results

- Hope scores increased from pre-camp test to at-camp test and again at the follow-up assessment. While results did not reach statistical significance, there was a meaningful small effect size.
- Scores reflecting belief in self, belief in others, and belief in dreams (Camp HOPE America Resilience) increased from pre-camp test to at-camp test and again at the follow-up assessment. While results did not reach statistical significance, there was a meaningful small effect size.

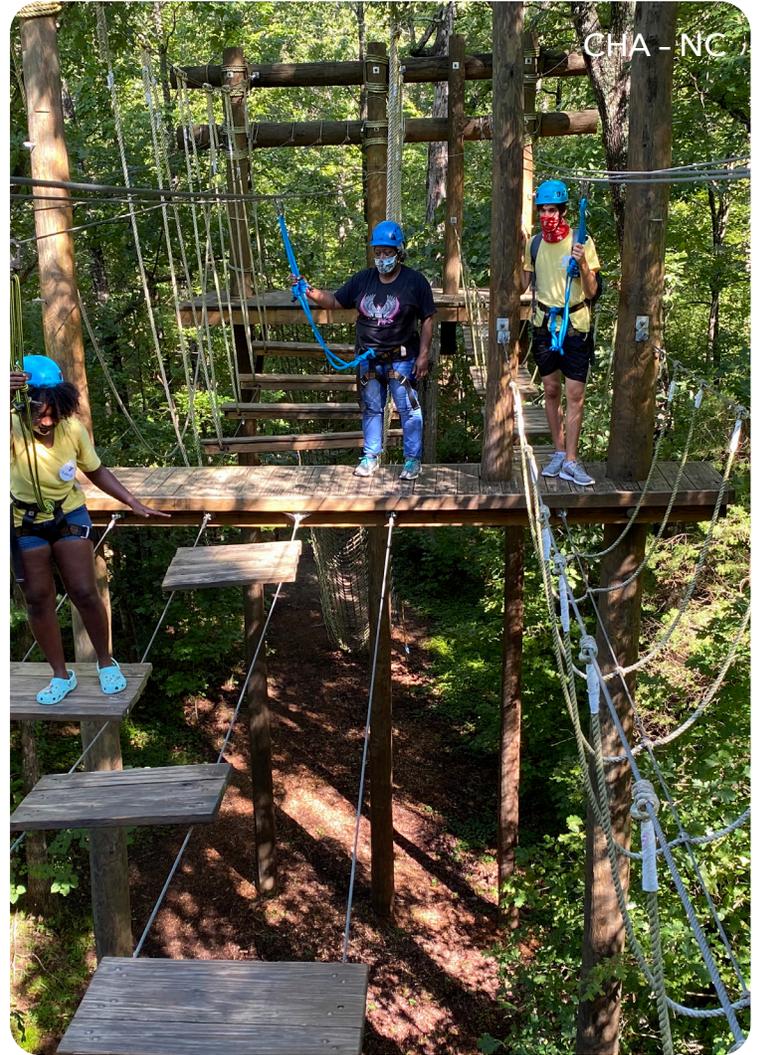
The Verizon Foundation has supported the development of Camp HOPE America, along with many local funders and donors, across the United States.

INTRODUCTION

Child Exposure to Domestic Violence

As many as ten million children and adolescents in the United States bear witness to domestic violence each year (American Academy of Child and Adolescent Psychiatry, 2019). The Centers for Disease Control and Prevention defines domestic violence or intimate partner violence as “physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse” (Centers for Disease Control, 2020). Meta-analytic studies consistently find that children exposed to domestic violence are at a higher risk for emotional, social, and behavioral difficulties both in the short- and long-term (Evans, Davies, & DiLillo, 2008; Kitzmann, Gaylord, Holt, & Kenny, 2003; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003). Children exposed to domestic violence experience additional stresses associated with the trauma of repeated separations, child custody battles, and isolation from extended family supports. Children exposed to domestic violence are also at a significantly higher risk for abuse and neglect (Fantuzzo & Mohr, 1999).

While the research on children exposed to domestic violence is emerging, studies show these children are at an increased risk for anxiety and depression, loss of interest in school and friends, social isolation, increased physical and psychological aggression, bullying or being bullied, and a propensity to perpetuate the cycle of domestic violence (Carlson, 1990; Lichter & McClosky, 2004; Litrownik, Newton, & Hunter, 2003) Adolescents in particular who witness domestic violence are at an increased risk of drug or alcohol abuse, truancy, declining grades and oppositional or rebellious behavior (American Academy of Child and Adolescent Psychiatry, 2019). Given the prevalence of children exposed to domestic violence in the US and the negative consequences on their futures, an effective system-level intervention is needed to provide children the opportunity to develop positive coping mechanisms that will allow them to thrive in difficult environments. One such intervention, with the potential for system level influence, is Camp HOPE. Recently, Hellman and Gwinn (2017) published the first evaluation of Camp HOPE showing significant increases in Hope in a pre-test, post-test design among campers from several California Family Justice Centers and other multi-agency models.



Camp HOPE America

Camp HOPE America (www.camphopeamerica.com) is the first local, state, and national camping and mentoring initiative in the United States to focus on children exposed to domestic violence. The vision for Camp HOPE America is to break the generational cycle of family violence by offering healing and hope to children who have witnessed family violence. Camp HOPE America is a program of Alliance for HOPE International (www.allianceforhope.com). Alliance for HOPE International is the umbrella organization for all Family Justice Centers and similar multi-agency models serving victims of domestic violence and their children throughout the United States.

CAMP HOPE AMERICA PROGRAM

The Camp HOPE America program is a values-based camping and mentoring model with a five or six-day, overnight program with year-round follow-up events. The program focuses on three key elements: 1) "Challenge by Choice" activities, 2) affirmation and praise for developing observed character traits, and 3) themed, small group discussion and activities focused on helping children set goals and then pursue those goals. Challenge by Choice refers to challenging children to set daily achievement goals by pursuing activities with perceived danger or risk (e.g., canoeing, zip line) while allowing them to opt out of those activities if the challenge creates unmanageable stress or fear. Campers are positively encouraged to engage in the personal challenges presented, however, no camper is coerced, negatively pressured, or unconstructively persuaded to take part in any activities. Campers are encouraged to support and cheer for each other in their personal Challenge by Choice whether they determine to undertake a particular activity or not. All activities are designed to promote creative thinking, decision-making, problem-solving, teamwork and mutual support, reasoning, self-esteem, competency, self-management, group trust, organization, and goal setting.

Planning for Camp HOPE America was well underway in March of 2020 when states began issuing Executive Orders, closing non-essential businesses, changing regulations, and requiring many residents to stay home to slow the spread of COVID-19. While it was unclear at the time what summer 2020 would bring, the Camp HOPE

America team believed they could work with each of their Affiliates to do whatever was necessary to find a safe path forward. Using a trauma-informed camper/counselor approach, Camp HOPE America focused on providing affirmation and encouragement including nightly campfires, either in-person or virtually, where campers received Character Trait Awards each day and were asked the question, "Where did you see hope today?" Camp HOPE America activities are site specific and were based on the type of programming and camp setting each site was able to facilitate. Each day at Camp HOPE America, there is a positive statement, called a Truth Statement, for the day. California used a new curriculum while national partners used the previous summer's pilot-tested curriculum. Some of the statements included: "My life has purpose," "My voice has power," "Art is healing," "I create my future," "My dreams are mine," "I am able," and "Tomorrow is a new day." By having a Truth Statement for each day, children had the opportunity to internalize their own uniqueness, personal progress, need for others, future-oriented focus, and perseverance. Due to the uniqueness of each state's regulations and due to a lack of guidance, many camping programs canceled or chose to operate virtually. Camp HOPE America sought to understand each of their Affiliates' unique circumstances across the country and in their communities while utilizing the Science of Hope to offer multiple pathways. Their plan included working with local County Departments of Health and Human Services to make decisions for one of three paths; virtual, in-person modified, or an in-person overnight option using necessary



Non-Pharmaceutical Interventions (NPIs).

2020 allowed Camp HOPE America to deepen their National Partnerships with the American Camp Association (ACA) as well as the Association of Camp Nursing (ACN). Through their collaborative efforts, Camp HOPE America was able to increase awareness about their trauma-informed and hope and healing-centered approach to camping while enhancing the services, resources, and materials. In April, Camp HOPE America co-hosted a webinar with their Affiliates and 477 medical professionals from around the country to dive into guidelines for successfully operating. In May, Camp HOPE America hosted an In-Person Camp Field Guide review with the ACA, Environmental Health Engineering, a representative from the Center for Disease Control, and a Virtual Camp Webinar to equip Affiliates with tools to successfully offer hope, fun, and communal connection. Then, Camp HOPE America had their first virtual Summer Kickoff event with campfires, games, Character Trait Awards, prizes, curriculum review, and more for the 82 individuals, representing Camp HOPE America's 42 Affiliates in attendance.

Hope Theory

Hope refers to the positive expectation children have toward the attainment of a future oriented goal. Snyder (2000) described hope as a cognitive-based motivational theory in which children learn to create strategies as a means to attain their desired goals. Hope theory has two fundamental cognitive processes termed "pathways" and "agency." Pathway thought

processes are the mental strategies or road maps toward goal attainment. In this process, children consider various pathways to their goals. Once viable pathways are formed, the hopeful child is able to conceive of potential barriers and develop strategies to overcome the barriers or choose an alternative pathway. Agency thinking refers to the mental energy or willpower the child can direct and sustain toward their goal pursuits. Hopeful children are able to exert mental energy to their pathways and persevere by self-regulating their thoughts, emotions and behaviors toward their desirable goal.

The role of hope in a child's capacity to flourish is well established. Hopeful thinking among children is positively associated with perceived competence and self-worth (Kwon, 2000) as well as lower rates of depression and anxiety (Ong, Edwards, & Bergeman, 2006). Children with higher hope are more optimistic about the future, have stronger problem-solving skills, and develop more life goals. Hopeful children are less likely to have behavior problems or experience psychological distress. These children also report better interpersonal relationships and higher school achievement success in the areas of attendance, grades, graduation rates, and college going rates (Pedrotti, Edwards, & Lopez, 2008). Moreover, hope has been shown to serve as a resilience factor when facing stressful life events among children (Valle, Huebner, & Suldo, 2006). Finally, hope was shown to be positively associated with emotional well-being in a six-year longitudinal study investigating hope and positive youth development (Ciarrochi, Parker, Kashdan, Heaven & Barkus, 2015).



METHODS

Assessment Procedure

Three hundred thirty-nine surveys were administered to the youth participants of Camp HOPE America programs in Arkansas, California, Connecticut, Florida, Idaho, New Jersey, North Carolina, Oklahoma, Oregon, Texas, and Utah. A pre-camp/at-camp/30-day follow-up survey design was utilized. Due to the COVID-19 pandemic, fewer camps were able to proceed as in years past. There were six camps that were able to meet for in-person day camps and nine that met in a virtual format (see Table 1). One camp, Family Dynamics Resource Center in California, was scheduled to take place in person with thirty-four campers but was canceled at the last minute due to local health guidelines for in-person gatherings (the pre-camp survey data collected was not utilized in this analysis since the camp did not take place).

Alliance for Hope International worked with the University of Oklahoma research team to create an online survey for each participating camp site to be completed before, during, and following camp. Individual multi-agency centers were responsible for recruiting, selecting, consenting children

and caregivers, and distributing the survey electronically to participants. All surveys were sent via an e-mailed link to participating families and were conducted online. This differs from past years when all surveys were paper copies and completed by hand.

Campers were given unique identification numbers to ensure that data was de-identified. The surveys included questions that allowed for the ability to examine data by camp site or virtual versus in-person camp experiences.

Sample Demographics

For 2020 Camp HOPE America, the specific demographic variables that were collected included age and gender. The average age of the respondent was 12.07 years (SD = 3.06). Ages ranged from a low of 7 to a high of 18 years. Of the 358 who reported their gender, 48.0% marked male and 51.1% female.



EFFECTS OF COVID-19 PANDEMIC ON DATA COLLECTION & RESEARCH METHODS

Due to the COVID-19 pandemic, certain methods that were used in past years to assess data points of the campers' Adverse Childhood Experiences (ACEs) scores were not possible to use this year. In order to collect ACE scores, campers complete questionnaires with sensitive questions about their personal home life, possible abuse or neglect, or parental substance abuse, mental illness, or incarceration. Typically, counselors are available during and after this questionnaire is completed to provide any needed emotional support. Since many of the camps were held virtually and counselors were not there to provide appropriate support for campers answering these emotionally challenging questions, ACE scores were not collected this year. In 2019, data was collected from 302 older campers and the average ACE score for the Camp HOPE America children was 4.04 (SD = 2.47). At the national level, the average ACE score is 1.61 (Ford, et al., 2014). The top ACEs for the Camp HOPE America children in 2019 included parental divorce, verbal abuse, parent incarceration, parent substance use/abuse, and emotional neglect.

The negative consequences associated with Adverse Childhood Experiences (ACEs) across the lifespan are well documented. ACEs cause chronic toxic stress that leads to neurological and biological changes, including changes in brain architecture and function, effects on the immune and hormonal systems, and even alterations to the way DNA is read and transcribed (Harris, 2014). Left untreated, those who have experienced child maltreatment are more likely to experience poor mental health, engage in risky behaviors, and suffer physical diseases related to increased morbidity. Unmitigated ACEs have negative effects on education, employment, and economic outcomes into adulthood. Unmitigated ACEs are also associated with increased delinquency rates and criminal behaviors (Anda et al., 2007; Bellis, Lowey, Leckenby, Hughes & Harrison, 2013; Currie & Wisdom, 2010; Dube et al., 2001a; Dube et al., 2001b; Gwinn, 2015; Hillis, Andra, Felitti & Marchbanks, 2001; Lanier, Kohl, Raghavan, & Auslander, 2015; Reavis, Looman, Franco, & Rojas, 2013; Wilimansion, Thompson, Andra, Dietz & Felitti, 2002).

In 2019, over one-half of these Camp HOPE children (54.6%) had an ACE score of 4 or higher. Studies available through the Center for Disease Control (2016) report significant negative consequences with an ACE score of 4 or higher. For example, with an ACE of 4+:

- 3600% more likely to become an injection drug (heroin) user (4600% at ACE of 6)
- 1200% greater likelihood of attempting suicide as an adult (2900% at ACE of 6)
- 1200% more likely to be a sexual assault victim
- 1000% more likely to inject street drugs
- 700% more likely to become an alcoholic
- 600% more likely to have sex before age 15
- 300% more likely to become a domestic violence victim (woman); 150% (men)
- 300% greater likelihood of struggling with chronic depression
- 240% greater risk of hepatitis
- 240% higher risk of a sexually transmitted disease
- 200% more likely to become smokers
- 51% of those with ACE Score of 4 will have behavioral problems in school.

CHA - NC



Another data set examined in previous years included counselors' observational assessments of campers' positive character traits in the areas of Zest, Grit, Optimism, Self-Control, Gratitude, Curiosity, and Social Intelligence. Counselors observed campers on the first and last days of camp and then matched observational comparisons were made for Hope and these character development traits. Due to the unique nature of 2020 camps during the pandemic, including virtual formats, counselors were unable to make these observations or assessments. But it is important to note that in 2019, increases in child positive characters were statistically significant in the following areas:

- Ability to create pathways and dedicate energy toward goals (Hope).
- Excitement and energy toward goals (Zest).
- Perseverance for goals (Grit).
- Capacity to control thoughts, feelings, and behaviors when in conflict (Self-Control).
- Positive future expectation (Optimism).
- Appreciation for the kindness received by others (Gratitude).
- Awareness of the feelings and motivations of others (Social Intelligence).
- Desire to learn and seek out new information (Curiosity).



CHA - NC



CHA - CA



CHA - CA

Correlational analysis from 2019 camps demonstrated that an increase in children's hope was associated with increases in the observed character strengths. More specifically, higher scores in hope were associated with higher levels of energy (Zest), perseverance toward goals (Grit), ability to regulate thoughts, feelings and behaviors (Self-Control), an expectation that the future holds positive possibilities (Optimism), appreciation toward others (Gratitude), desire to seek out new things (Curiosity), and awareness of the feelings and motivations of others (Social Intelligence).

Similar to hope, improved character strengths (e.g., Zest, Grit, Self-Control) have been shown to help prevent or buffer against negative effects of stress and trauma (Park & Peterson, 2009).

Correlational analyses showed that higher scores on hope as reported by the child were associated with higher scores on the character strengths (e.g., Zest, Grit, Gratitude) as observed by the counselor. Similarly, higher scores on the resiliency measure as reported by children were also associated with higher scores on the character strengths as observed by the counselor.

MEASUREMENT: CHILD HOPE INDEX

Polyvictimization

Over 80% of the Camp HOPE America children report an ACE score of two or higher and 54.6% have four or more adverse experiences. The average ACE score of 4.04 is significantly higher than the national prevalence rate. Taken as a whole, these findings warrant attention to the polyvictimization needs for children exposed to domestic violence.



Children's Hope

To assess hope, the Children's Hope Scale (Snyder et al., 1997) was utilized to examine the extent to which children believe they can establish pathways to their goals as well as develop and maintain the willpower to follow these pathways. This measure is comprised of six self-report items with a six-point Likert-type response format (1 = none of the time; 6 = all of the time). Possible scores range from a low of six to a high of 36 with higher scores reflecting higher hope. Recent research demonstrated good psychometric properties across age, gender, race, and language translation (Hellman, et al., 2018). Internal consistency reliability analyses indicated a pre-hope $\alpha = .86$, post-hope $\alpha = .84$, and follow-up-hope $\alpha = .88$.

Children's Resilience

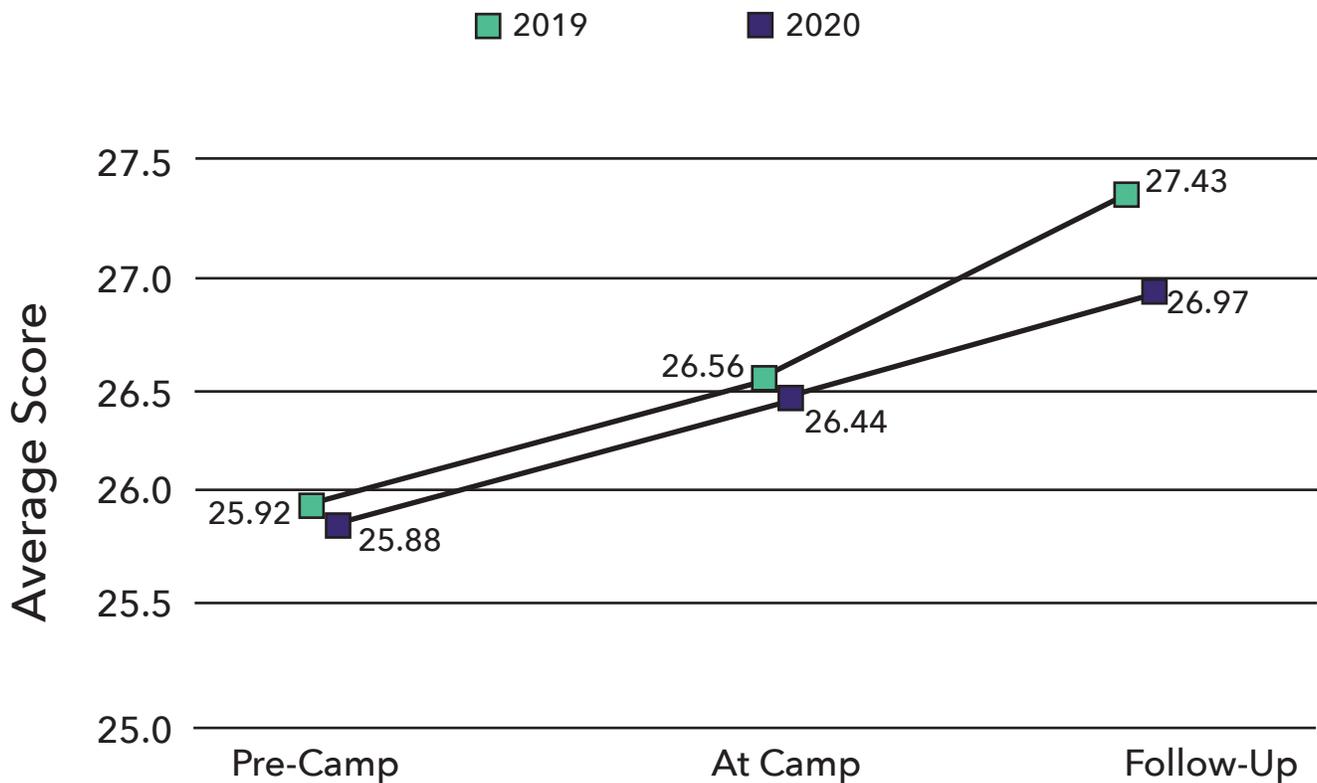
Following the Camp HOPE America theme of believing in yourself, believing in others, and believing in your dreams, OU's Hope Research Center team developed six additional items to assess each child's self-reported resiliency. These individual items were also presented with a six-point Likert-type response (1 = none of the time; 6 = all of the time). The items and descriptive statistics are presented in Table 2. Internal consistency reliability analyses indicated pretest $\alpha = .84$, posttest $\alpha = .83$, and follow-up $\alpha = .83$.

Table 2: Camp HOPE America Child Resiliency Self-Report Descriptive Statistics

Item:	Pre-Test		At Camp		Follow Up	
	Mean	SD	Mean	SD	Mean	SD
1. I have friends that care about me.	4.72	1.41	4.74	1.33	4.91	1.16
2. I'm part of a group that cares about each other.	4.70	1.39	4.85	1.24	4.89	1.17
3. I like to encourage and support others.	4.92	1.25	4.94	1.20	4.94	1.04
4. Others accept me just the way I am.	4.38	1.42	4.56	1.37	4.62	1.14
5. Even when bad things happen, I stay hopeful.	4.27	1.41	4.53	1.29	4.46	1.30
6. I think I will achieve my dreams.	4.72	1.40	4.94	1.28	4.81	1.37

RESULTS

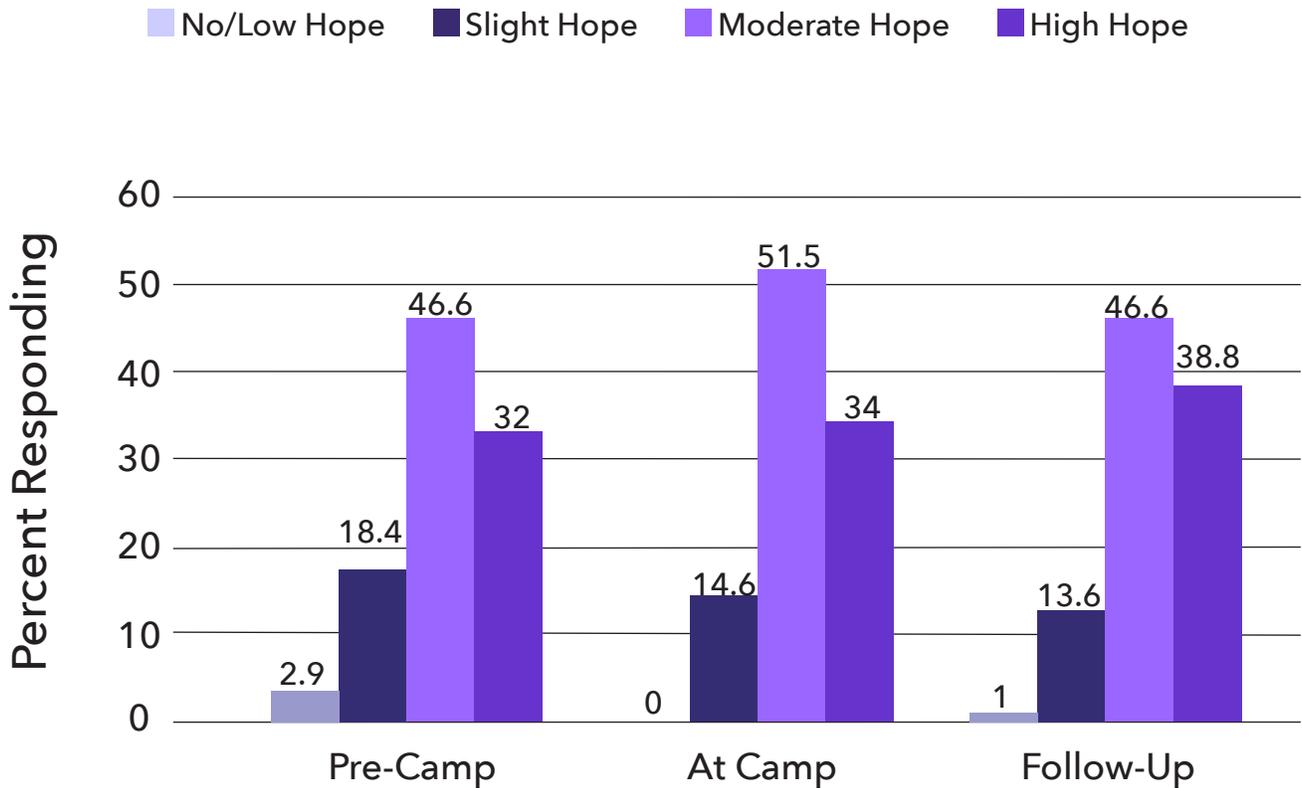
Children's Hope Scores



Hope reflects the individual's capacity to develop pathways and dedicate agency toward desirable goals.

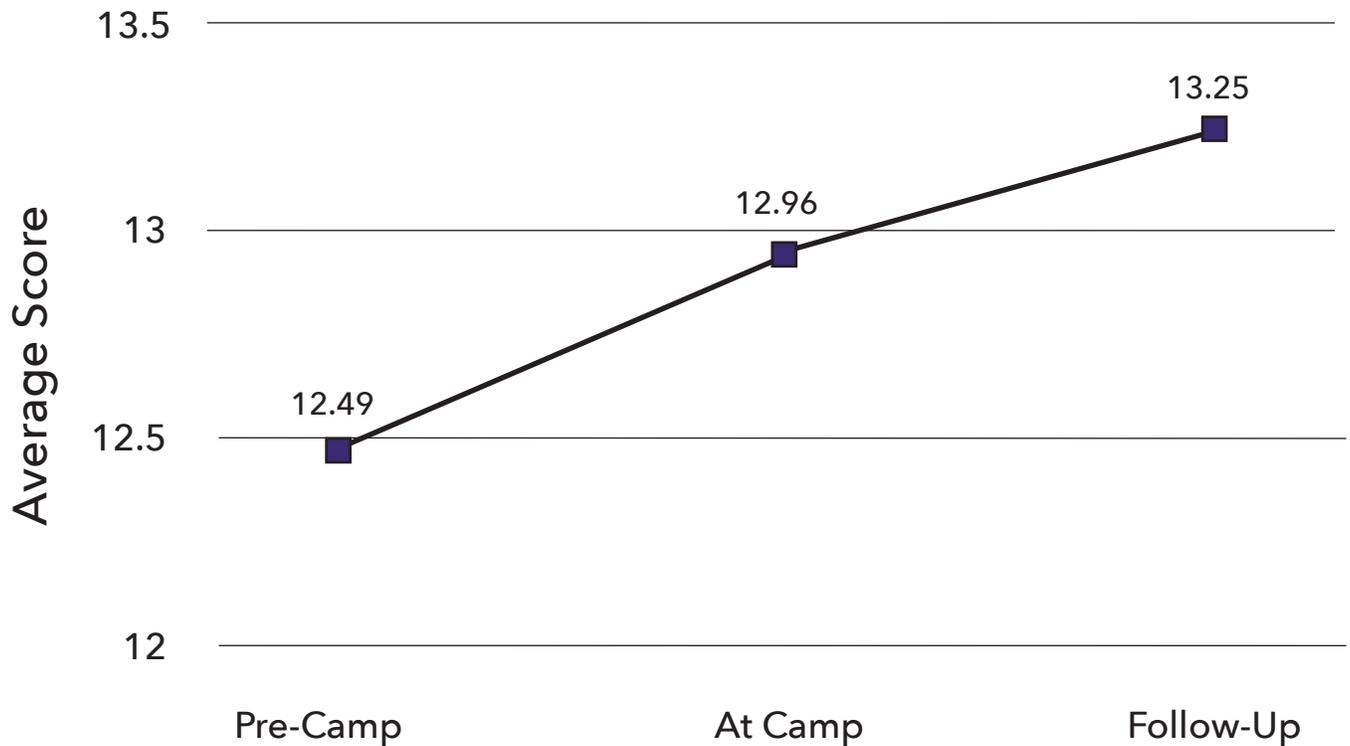
This graph illustrates the change in scores for the Children's Hope Scale for 2020 as compared to 2019. As seen in the graph, hope scores increased from pre-camp test to at camp test and again at the follow-up assessment. A repeated measures ANOVA was computed for both years. In 2020, findings were not statistically significant [$F(2, 102) = 2.647$; $p = .08$, $np2 = .025$]. While results did not reach statistical significance, there was a meaningful small effect size. Because of the small sample size, an effect size estimate can be used to understand findings. Effect size reveals the magnitude or strength of findings. Based on the partial eta squared ($np2 = .025$), changes in pre, post and follow up scores were small but meaningful.

CHILDREN'S HOPE SCORES BY CATEGORY



This graph illustrates the change in scores by hope category (no/low, slight, moderate, and high) across three time points (pre-camp, at camp test, and follow-up). At pre-camp, a total of 2.9% had no or low hope while 18.4% had slight hope, 46.6% had moderate hope and 32% had high hope. At at camp, no one had no or low hope, 14.6% had slight hope, 51.5% had moderate hope and 34.0% had high hope. At follow-up, 1% had no or low hope, 13.6% had slight hope, 46.6% had moderate hope, and 38.8% had high hope. Overall, from pre-camp to follow-up, there was a decrease in those with slight hope and an increase in those with high hope.

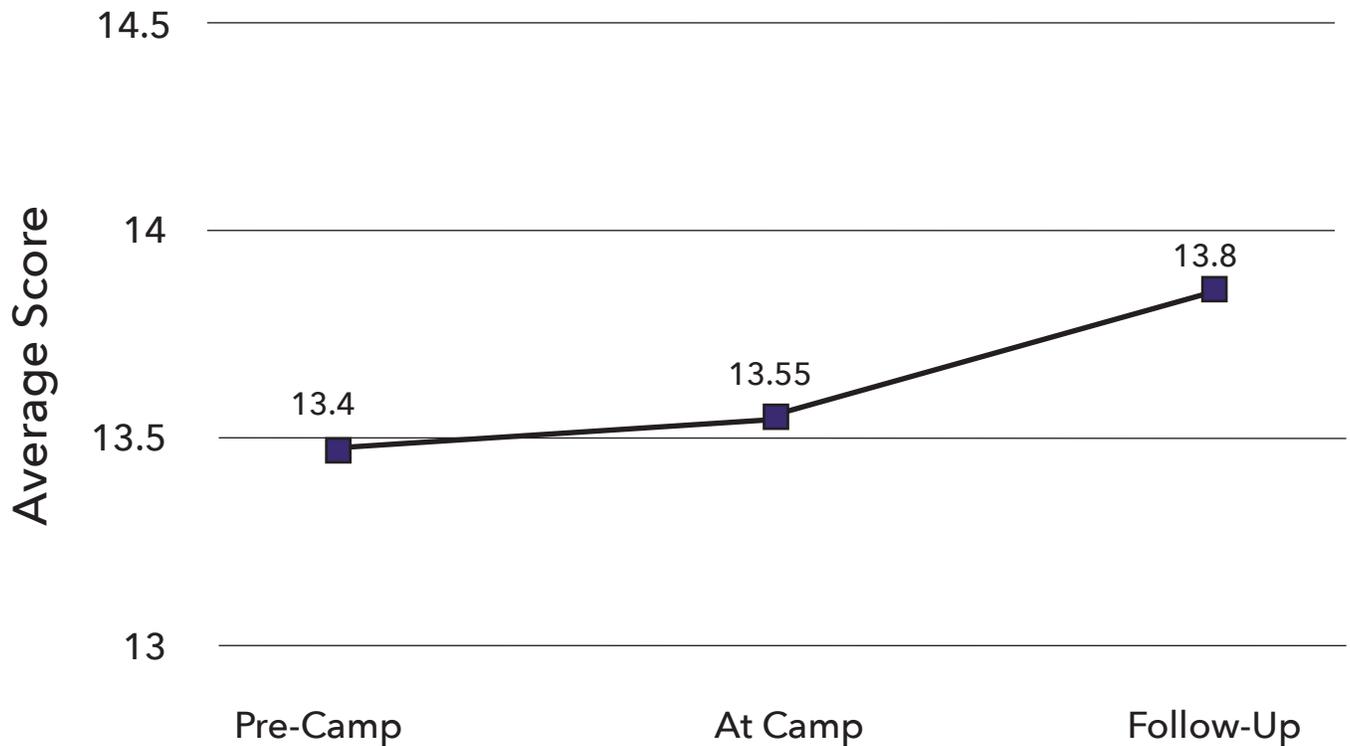
Children's Pathways Scores



Pathways reflect the perceived ability of an individual to recognize or develop routes to achieve specific goals.

This graph illustrates the change in scores for the Children's Hope Pathway subscale. As seen in the graph, pathway scores increased from pre-camp test to at-camp test and again at the follow-up assessment. A repeated measures ANOVA was computed and findings were statistically significant [$F(2, 102) = 3.150; p < .05, \eta^2 = .03$]. This means that the individual's level of pathways increased after participating in Camp HOPE America. There was also a small effect size. Effect size reveals the magnitude or strength of findings. Based on the partial eta squared ($\eta^2 = .03$), changes in pre, at, and follow-up scores were small but meaningful.

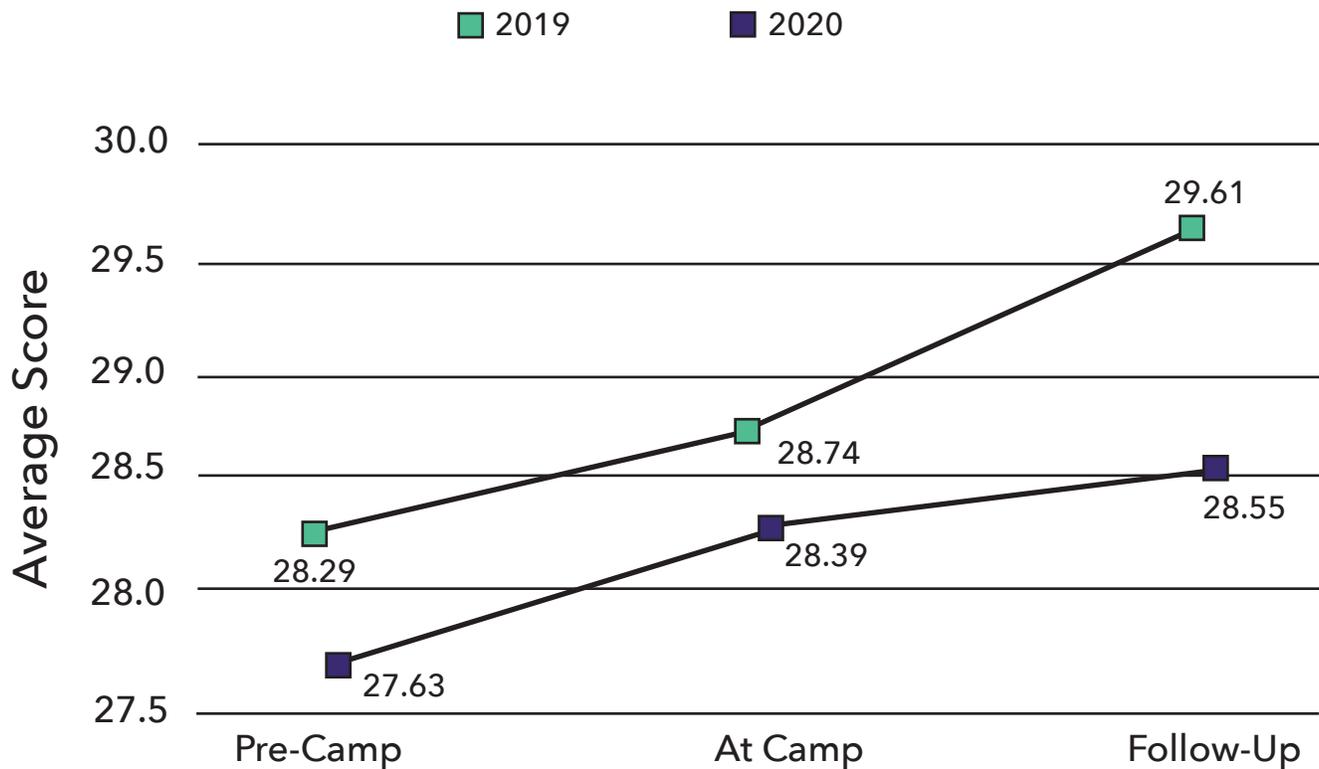
Children's Agency Scores



Agency reflects the motivation or will power necessary to follow the pathways to reach desirable goals.

This graph illustrates the change in scores for the Children's Hope Agency subscale. As seen in the graph, agency scores increased from pre-camp test to at-camp test and again at the follow-up assessment. A repeated measures ANOVA was computed and findings were not statistically significant [$F(2, 102) = 0.988; p > .05, \eta^2 = .01$].

Children's Resiliency



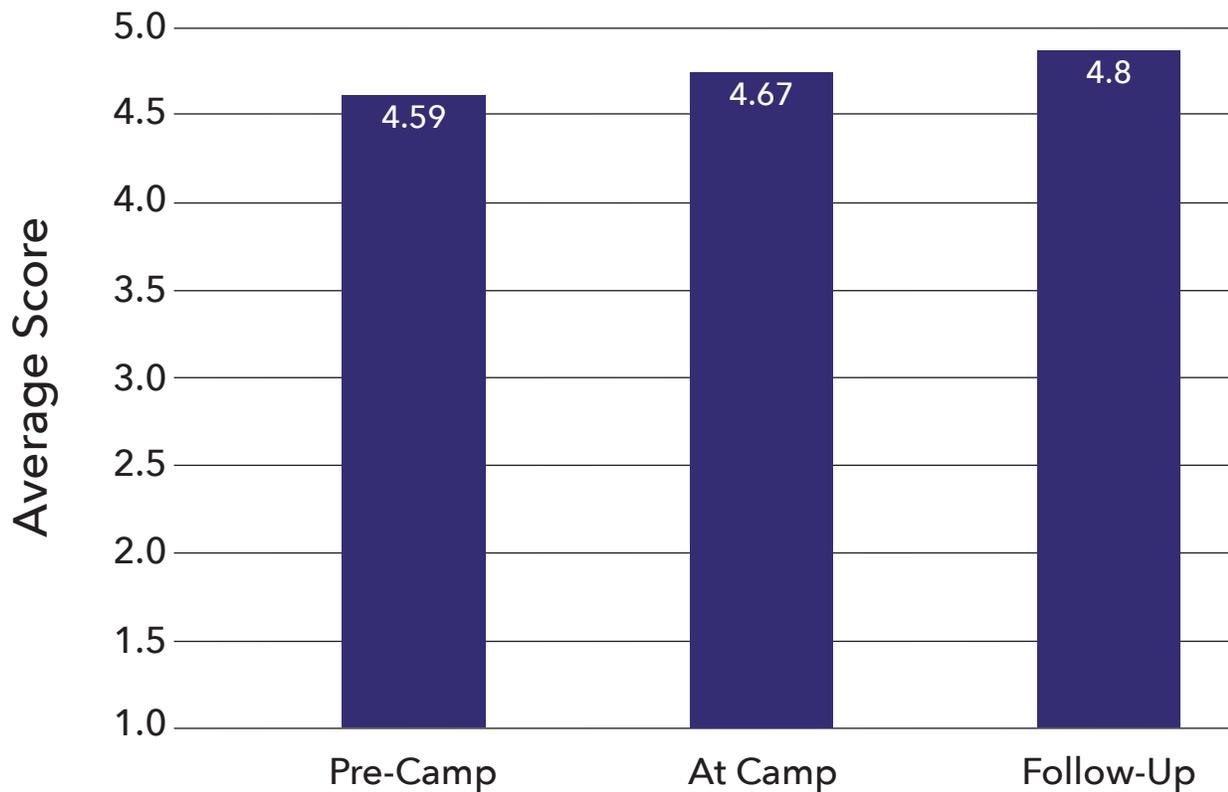
Camp HOPE America Resiliency is the combination of believing in self, believing in others, and believing in your dreams.

This graph illustrates the change in scores for the Children's Resilience Scale for 2020 as compared to 2019. As seen in the graph, resilience scores increased from pre-camp test to at camp test and again at the follow-up assessment. A repeated measures ANOVA was computed for both years. In 2020, findings were not statistically significant [$F(2, 102) = 1.927; p > .05, \eta^2 = .019$]. While results did not reach statistical significance, there was a meaningful small effect size. Because of the small sample size, an effect size estimate can be used to understand findings. Effect size reveals the magnitude or strength of findings. Based on the partial eta squared ($\eta^2 = .019$), the magnitude of change in pre, post and follow up scores was small but meaningful.

In 2019, findings were statistically significant [$F(2, 769) = 26.34; p < .001, \eta^2 = .033$]. This means that the individual's level of resilience increased after participating in Camp HOPE America. In addition, there was a small effect size. As can be seen from the graph, trends are similar for 2020 and 2019 regarding resilience scores.

Children's Resilience Question One

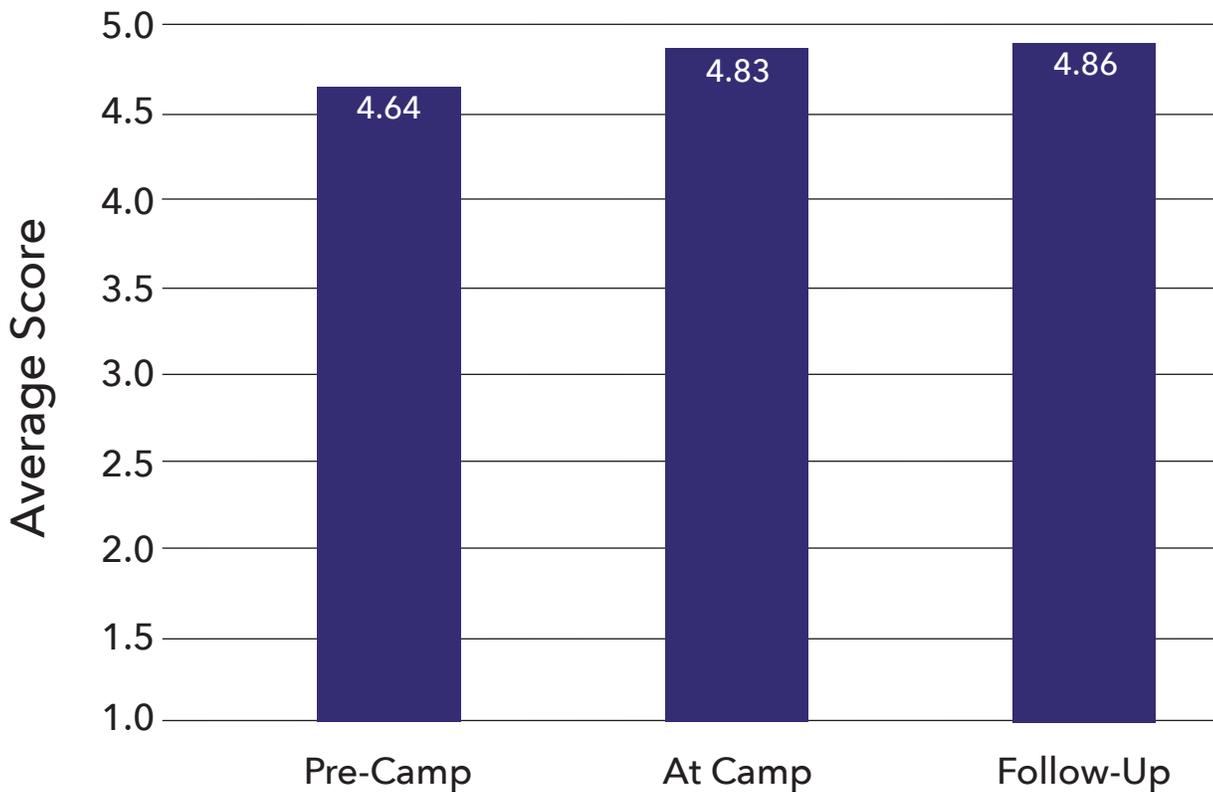
I have friends that really care about me.



The graph above demonstrates the change in mean scores for the statement "I have friends that really care about me." A repeated measures ANOVA was computed to examine the differences in pre-camp, at-camp, and follow-up test mean scores. The ANOVA results indicate the change in mean scores for this item [$F(2, 102) = 1.176; p > .05, \eta^2 = .011$] was not statistically significant.

Children's Resilience Question Two

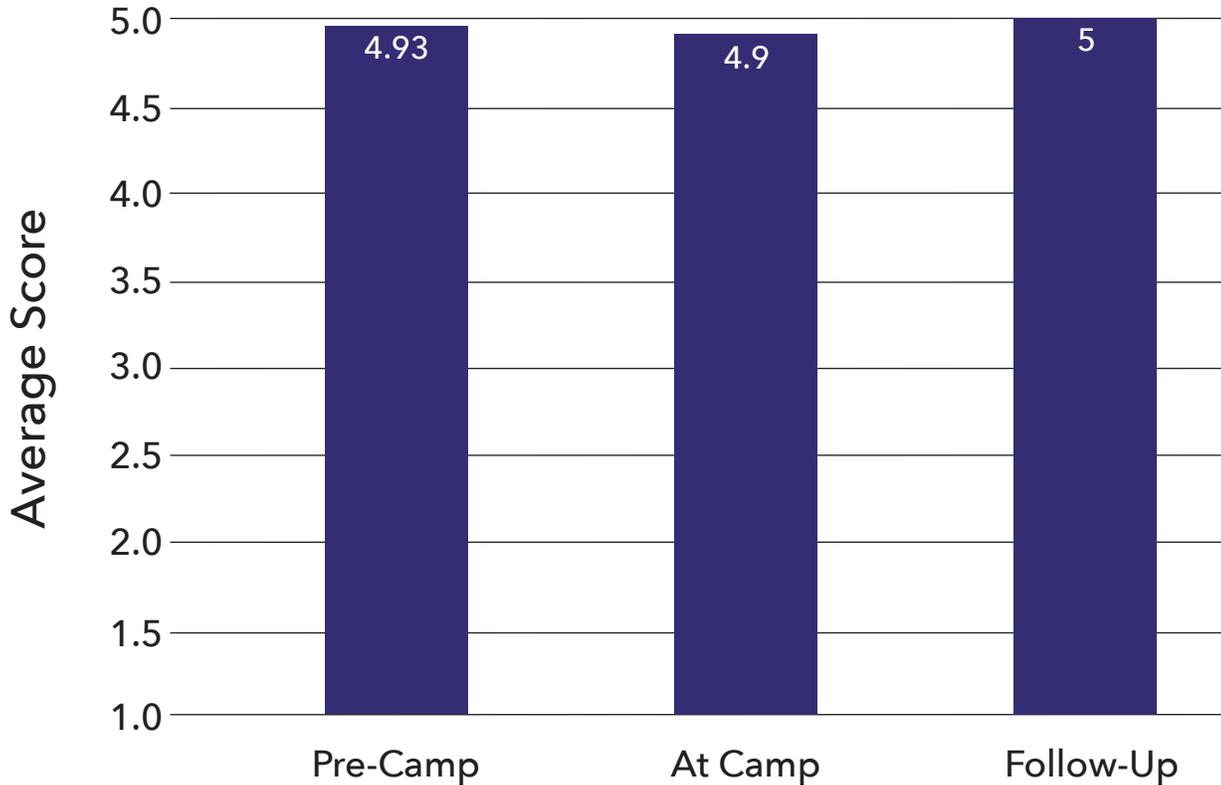
I'm a part of a group of people that care about each other.



This graph illustrates the change in mean scores for the item "I feel like I'm a part of a group of people that care about each other." A repeated measures ANOVA was computed to examine the differences in pre-camp, at-camp, and follow-up test mean scores. The ANOVA results indicate the change in mean scores for this item [$F(2, 102) = 1.763; p > .05, \eta^2 = .017$] was not statistically significant.

Children's Resilience Question Three

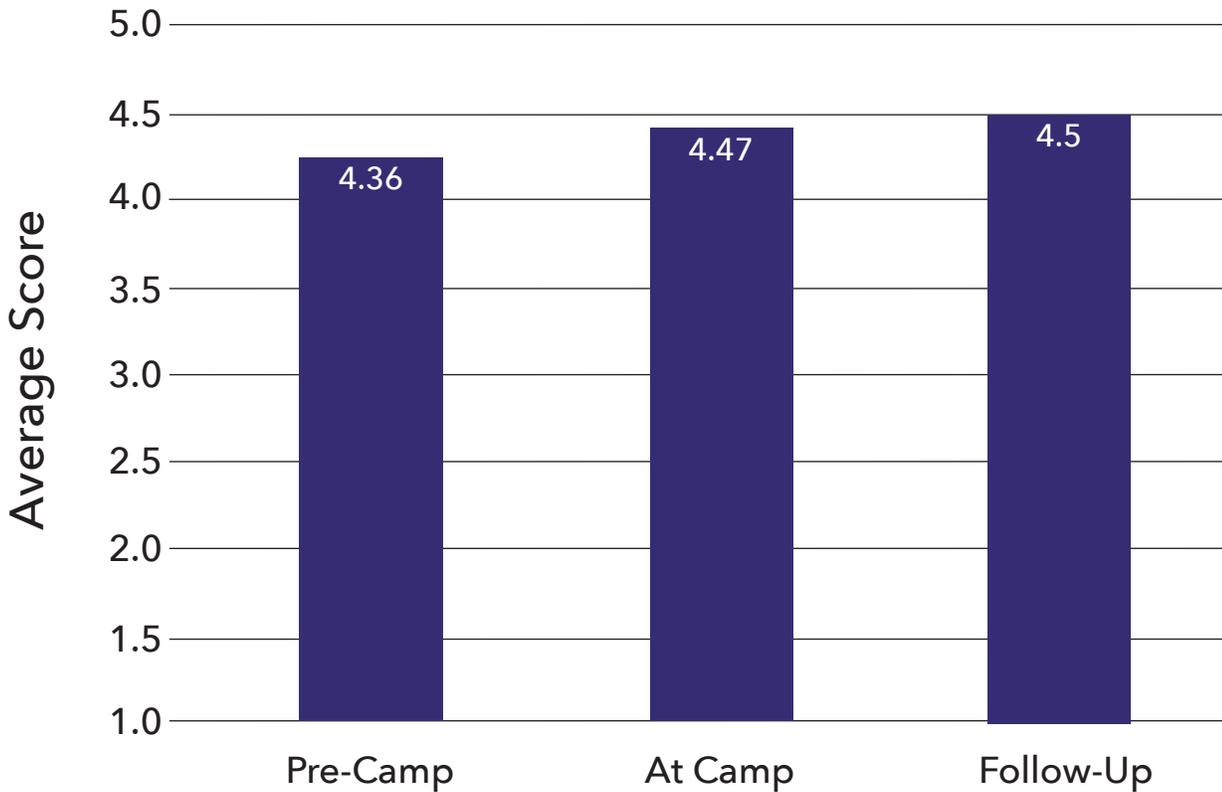
I like to encourage and support others.



The graph above illustrates the change in mean scores for the item, "I like to encourage and support others." A repeated measures ANOVA was computed to examine the differences in pre-camp, at-camp, and follow-up test mean scores. The ANOVA results indicate the change in mean scores for this item [$F(2, 102) = 0.397$; $p < .05$, $\eta^2 = .004$] was not statistically significant.

Children's Resilience Question Four

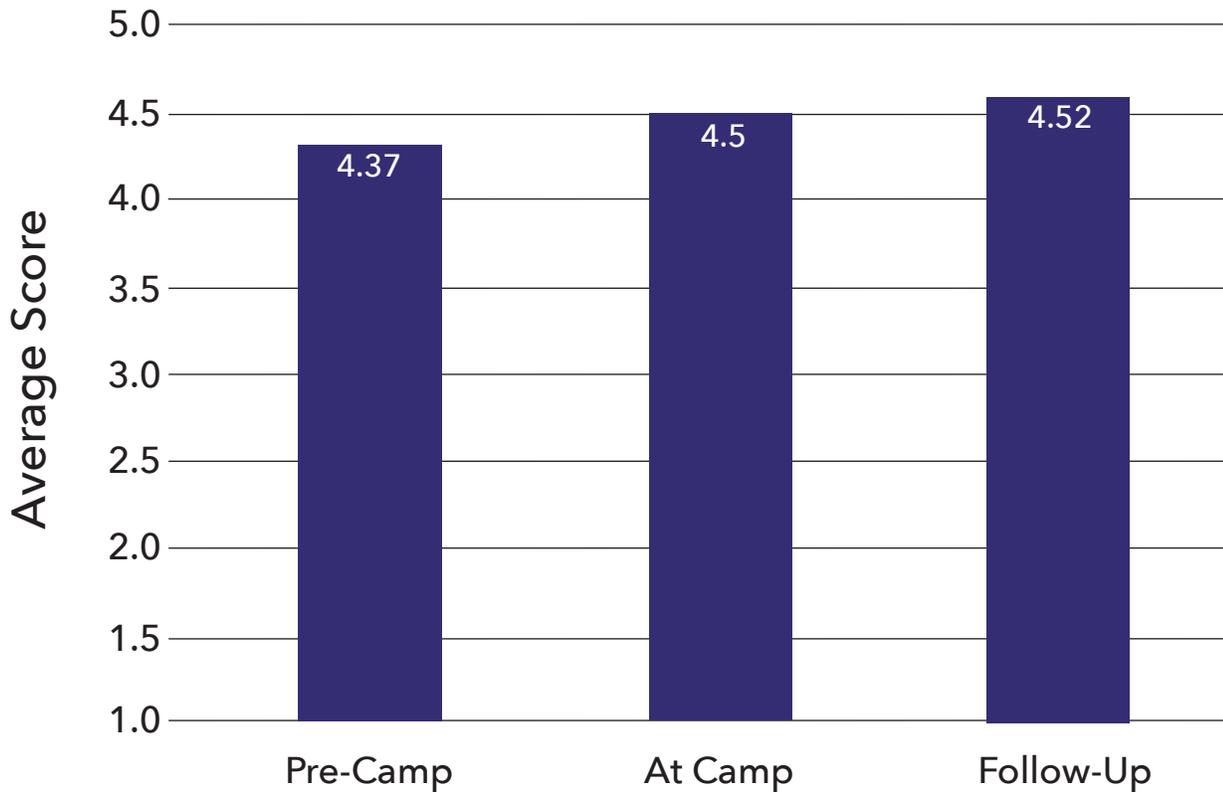
Others like me just the way I am.



This graph demonstrates the change in mean scores for the item "Others like me just the way I am." A repeated measures ANOVA was computed to examine the differences in pre-camp, at-camp, and follow-up test mean scores. The ANOVA results indicate the change in mean scores for this item [$F(2, 102) = 0.610; p > .05, \eta^2 = .006$] was not statistically significant.

Children's Resilience Question Five

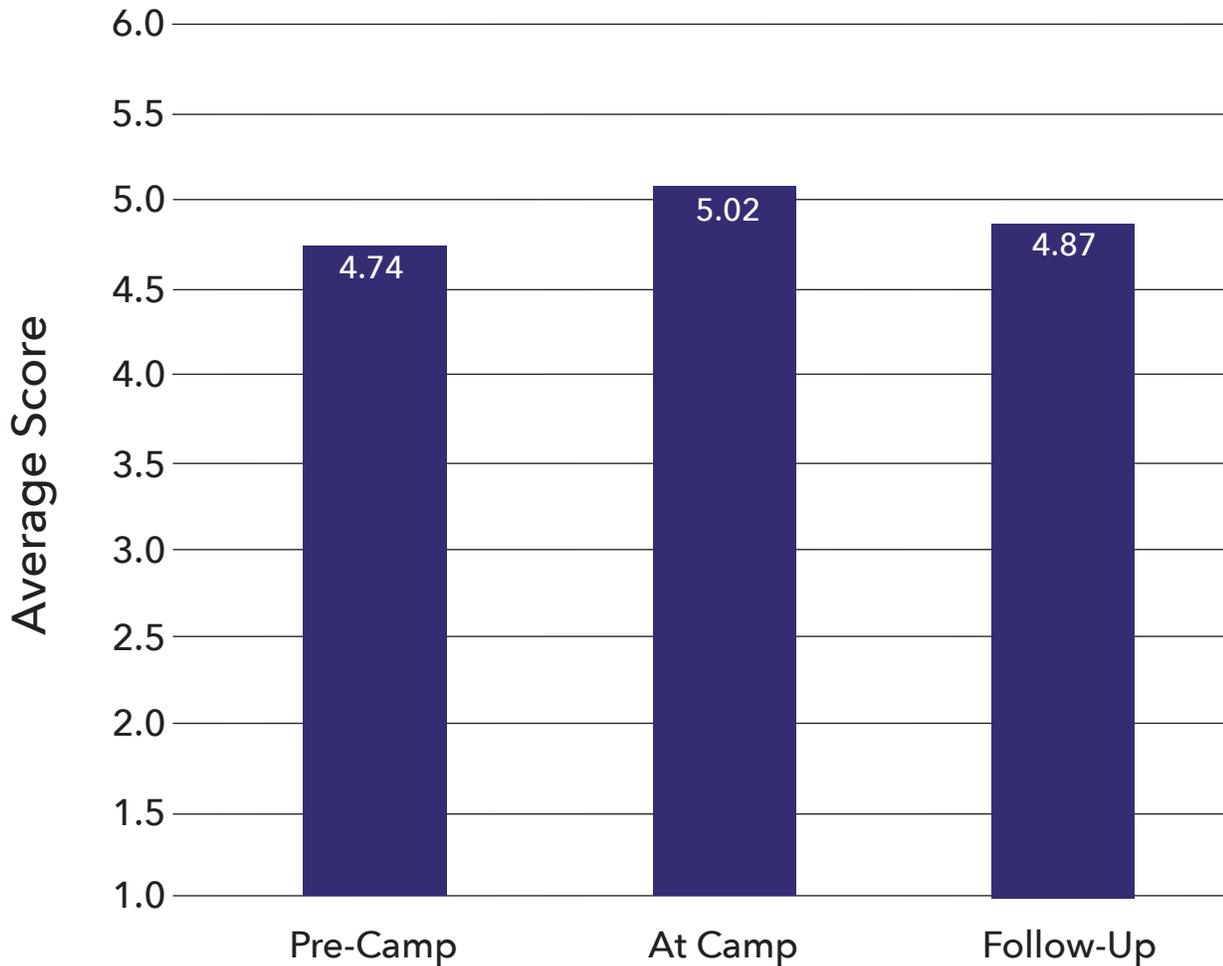
Even when bad things happen to me, I still feel hopeful about the future.



The graph above demonstrates the change in mean scores for the item "Even when bad things happen, I still feel hopeful about the future." A repeated measures ANOVA was computed to examine the differences in pre-camp, at-camp, and follow-up test mean scores. The ANOVA results indicate the change in mean scores for this item [$F(2, 102) = 0.729$; $p > .05$, $\eta^2 = .007$] was not statistically significant.

Children's Resilience Question Six

I think I will achieve my dreams.



This graph demonstrates the change in mean scores for the question “I think I will achieve my dreams.” A repeated measures ANOVA was computed to examine the differences in pre-camp, at-camp, and follow-up test mean scores. The ANOVA results indicate the change in mean scores for this item [$F(2, 102) = 2.649$; $p > .05$, $np^2 = .025$] was not statistically significant. Because of the small sample size, an effect size estimate can be used to understand findings. Effect size reveals the magnitude or strength of findings. Based on the partial eta squared ($np^2 = .025$), the magnitude of change in pre, post and follow up scores was small but meaningful.

RELATIONSHIPS AMONG THE MEASURES

Table 3 provides the correlation matrix for camper and counselor measures. A correlation represents the level of relationship between two variables. The interpretation is based upon the strength of the relationship as well as the direction. Strength of a correlation is based upon Cohen's (1990) effect size heuristic. More specifically, a correlation (+ or -) of .10 or higher is considered small; a correlation (+ or -) of .30 is considered moderate, and a correlation (+ or -) of .50 is considered strong. With regards to direction, a positive correlation indicates that higher scores on one variable are associated with higher scores on the other variable. A negative correlation indicates that higher scores on one variable are associated with lower scores on the other variable. Using a correlation matrix is a parsimonious way to present several correlations among multiple variables. Identifying a specific correlation is based upon matching a row to a particular column.

The table below illustrates that Children's Hope and Children's Resiliency have a positive correlation ($r=.80^*$) and the findings are statistically significant. We interpret this correlation as follows: "Participating children who scored higher on hope had higher scores of resiliency reflecting a strong positive correlation."

Table 3: Correlations of Children's Hope and Resilience

Item:	1.	2.
Child Scores		
1. Hope	--	
2. Resiliency	.80*	--

Note: All scores obtained at pre-test. $N = 234$. $*p < .001$



CONCLUSION

The purpose of this report was to present findings from the evaluation of Camp HOPE America 2020. The primary outcome was to change the way children exposed to domestic violence believe in themselves, believe in others, believe in their dreams, and find hope for the future. The results of this study provide evidence that Camp HOPE America improves the hope of children in a manner that was self-reported by the children and teens themselves.

Due to the constantly changing aspects of the COVID-19 pandemic over the past year, the individual multi-agency centers had to make difficult decisions as to whether or not to cancel camps, hold smaller in-person camps, or create virtual experiences for campers instead. Despite these changes and much smaller participation than past years due to the pandemic, increases in hope and resilience still occurred.

Although the increases were not found to be statistically significant due to the small sample size, trends in 2020 were similar to the significant increases found in the much larger data set from the pre-pandemic 2019 Camp HOPE experiences. Additionally, pathways, or the camper's ability to perceive and develop various roads towards desirable goals, showed a statistically significant increase from before to both during and after the camps. Of interest is that no differences in changes for hope and resilience scores were noted whether the camps were held virtually or in person. Correlational analyses showed that scores on children's hope and resiliency have a positive correlation and are statistically significant.

Due to the COVID-19 pandemic, certain methods that were used in past years to assess campers' Adverse Childhood Experiences (ACEs) scores were not possible to use this year. Additionally, due to necessary changes that the multi-agency centers had to make to the Camp HOPE experience, it was not possible to collect data on counselors' observations of campers' character strengths.

Hope represents a positive psychological strength that promotes adaptive behaviors, healthy development, and both psychological and social well-being (Snyder, 1995). More specifically, Bronk, Hill, Lapsley, Talib and Finch (2009) found that high levels of hope were related to life satisfaction across the lifespan. Higher hope is associated with better coping, health and health related practices (Chang & DeSimone, 2001; Feldman & Sills, 2013; Kelsey et al., 2011). While hope has been shown to predict various indicators of well-being, it has also been shown to be malleable in intervention studies in the areas of mental health, coping with physical illness, and intimate partner violence (Berendes, Keefe, Somers, Kothadia, Porter, & Cheavens, 2010; Smith & Randall, 2007). Psychological strengths like hope tend to serve people best in difficult times. The capacity to formulate pathways and dedicate mental energy (agency) is the foundation to successful goal attainment.

The results of this evaluation support an argument for the power of Camp HOPE America to change the lives of children exposed to domestic violence.



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The Hope Research Center is an interdisciplinary social science unit at the University of Oklahoma, Tulsa Schusterman Center. Collaborating with nonprofit human service organizations, faculty and graduate students lead research projects with a particular focus on sustainable well-being among vulnerable and otherwise at-risk individuals, families, and communities.

Guided by the principle that hope is the theory of change that explains the positive impact program services have on client outcomes, the Center is focused on three ideas.

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2. Increasing hope leads to positive outcomes.
3. Hope can be learned and sustained through targeted program services.

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